

## Children's Mental Health Services (CMHS) Outpatient Redesign to a Brief Treatment Model

**Purpose:** Change the focus of current practices to session limited brief treatment which is established at first contact with the family so they may determine with the clinician how they want to utilize the 13 sessions.

One of the overarching Health and Human Services Agency (HHS) principles is efficient and effective access to our target populations. Our economic reality coupled with the fact that in the past two years it has become increasingly difficult for families to receive timely access to routine services has contributed to this plan to transform the CMHS outpatient system to a brief treatment model. It is the expectation of CMHS that clients shall receive **brief treatment** services that focus on the one or two most important issues identified by the client/family and conclude when those are stabilized. This cultural shift shall be communicated to families at onset of treatment so the family can maximize use of sessions and be prepared for conclusion of treatment.

For many years the services MediCal beneficiaries receive in the Fee for Service (FFS) system and the Organizational Provider system have differed when they should be comparable. The FFS system has provided time limited services with external authorization and review by UBH and the Organizational system has provided in general, ongoing open ended care with authorization and review for services completed internally in each program. Over the past two years, access for families to services in our Org Provider system has become increasing difficult with clients having to wait for services. While San Diego County is a System of Care county, we are not achieving our goal of prompt and easy access to care.

The CMHS shall be transformed to a **brief treatment** model which will improve access and change the focus of current practices in the Organizational Provider system. Clients will be able to obtain services in a timely way and have access back into the system when needed. The transformation began with FFS providers in August, 2009 and will be implemented with organizational providers on January 1, 2010.

### Initial Eligibility

**I.** Clients that meet the criteria for Title 9 medical necessity shall be eligible for 13 sessions (within a 12 month period)

- 1 Assessment Session
- 12 Treatment Sessions
- Emphasis on group and family treatment
- Adhere to CMHS SED Priority Population – others seen when space permits and priorities as follows:
  - Emergency
  - Urgent
  - AB2726
  - Routine
- Clients receiving group and/or family sessions ONLY are eligible for an additional 5 group or family sessions for a total of 18 sessions.
- Applies to: MediCal, MHS (indigent), Healthy Families SED clients.
- AB2726 subject to AB 2726 procedures to be developed
- Included services (count toward 13): assessment, solution focused individual, family and/or group treatment. Individual rehabilitative services are included when provided by a clinician.
- Excluded services (not part of the 13 sessions): medication management, CMBR, CI, plan development, evaluation of records, report preparation, TBS, psychological testing (for those programs approved to do testing); collateral (contact with significant others such as teachers, PO, CWS, and parent). Paraprofessional rehabilitative services (R-individual, R-group, R-family) are excluded.
- No show appointments count toward the 13 sessions. Cancelled appointments do not.
- Majority of clients shall only be eligible for the initial 13 treatment sessions.

- Evidence Based Programs may be pre-authorized for the program to provide services for the time limited term of the model with written COTR documentation. Will still need to go through UM process prior to 13 sessions.
- At the conclusion of the 13 authorized treatment sessions, the client assignment shall be closed unless the client meets SED criteria and reauthorization is obtained.
- Medication only cases may continue as needed and under existing procedure.
- Clients and families shall be provided with resources upon d/c from services.

**II. Eligibility and Utilization Management:** In order to continue services beyond 13 sessions, clients shall meet specific criteria and be reviewed through a Utilization Management process which will be conducted internally at each program.

**A. Utilization Management -**

- Continue for 1 to 13 additional sessions as clinically indicated.
- UM process is completed before the end of 13 sessions to determine continued eligibility and services
- CFARS-Impairment Rating guideline of 5
- The subsequent 13 sessions must meet all three of the following criteria.
  1. Continued Medical Necessity with demonstrated benefit from services
  2. Meet SED Criteria
  3. Consistent participation in services

**B. The UM criteria are specifically defined as follows:**

**1. Continue to meet Medical Necessity and demonstrate benefit from services (showing progress).**

**2. Meet SED criteria:**

A. As a result of a mental disorder the child has **substantial** and **persistent** impairment in at least **two** of the following areas:

- a. Self-care and self regulation
- b. Family relationships
- c. Ability to function in the community
- d. School functioning

**AND** one of the following occurs:

- e. Child at risk for removal from home **due to a mental disorder**
- f. Child has been removed from home **due to a mental disorder**
- g. Mental disorder/impairment **is severe** and has been present for six months, or is highly likely to continue for more than one year without treatment.

**OR**

B. The child displays: acute psychotic features, imminent risk for suicide or imminent risk of violence due to a mental disorder.

**3. Consistent participation in services as prescribed by treating clinician.**

**AND**

**C. Current Client Functioning Impairment (CFARS)**

- a. **Guideline:** Rating of 5 (Moderate to Severe) in all domains addressed through the Client Plan as it relates to the client's primary diagnosis.

**III.** Approximately 10% of those clients who successfully went through the initial UM will require more than 26 sessions.

- To continue beyond 26 sessions clients shall be reviewed through a UM process and meet the following **five criteria:**

1. Continued Medical Necessity and demonstrated benefit from services
2. Meet SED Criteria
3. CFARS-Impairment Rating guideline of 5
4. Consistent participation in services

**And**

**5. Meet a minimum of one continuing current Risk Factor related to child's primary diagnosis:**

- i. Child has been a danger to self or other in the last two weeks
- ii. Child experienced severe physical or sexual abuse or has been exposed to extreme violent behaviors in the home in the last two weeks
- iii. Child's behaviors are so substantial and persistent that current living situation is in jeopardy.
- iv. Child exhibited bizarre behaviors in the last two weeks.
- v. Child has experienced trauma within the last two weeks.  
"A trauma is an exceptional experience in which powerful and dangerous events overwhelm the person's capacity to cope".

To continue beyond the 26 session the client shall be reviewed through the UM process every 13 visits.

#### **Utilization Management:**

- UM shall be completed at the program level.
- UM approval by licensed clinician only.
- Programs with Family Partners shall include the family partner as part of the UM review process.
- Revised UM forms shall be utilized and shall be accompanied by a new Client Plan.
- Require tracking system for each client (clinician, manager) which may be done at the Anazasi Clinician Home Page.
- Retroactive authorization is not acceptable (COTR involvement when no UM in place).
- Program Managers shall report on the MSR, the number of clients seen beyond 26 sessions as it compares to total number of clients being served.
- Clients and families shall be referred to community supports upon d/c if needed.
- **Clinicians shall clearly explain the process of services to families upon intake.**
- **Transition of existing clients: effective 1-1-10, all current clients will be eligible for up to 13 individual sessions or up to 18 group only sessions or up to 18 family therapy only sessions.**
- **Client Plans shall be completed within thirty days of admission and prior to UM request.**
- **CAMS outcome measures shall be administered on the current cycle of intake, and every 6 months and prior to d/c if the previous CAMS is done over 2 months before d/c.**
- **CFARS shall be completed at admission and discharge and prior to each UM submission (13 contacts, 26 contacts).**